U.S. Department of Labor Office of Labor Management Standards Washington DC 20210

For Official Use Only

## FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved and Budget No 1215-0188

Office of Management Expires 11 30 2006

This report is mandatory under P L. 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

|   | LY BEFORE PREPARING THIS REPORT   |  |
|---|---|--|
| E / Green many  |   |  |
| 1 File Number U 9930  | 2 Fiscal Year Covered From  |  |
|   | 1 / 1 / 2004 Through 12 / 31 / 2004   |  |
| 3 Name and address of person filing   | 4 Name file number and address of labor organization  |  |
| Name John Bottalı   | Name Teamsters Local 490  |  |
|   | Labor Organization File Number 018-960  |  |
| PO Box Bldg Room No If any  | PO Box Building and Room Number if any  |  |
| Street 1103 Airport Boulevard   | Street 445 Nebraska Street  |  |
| City South San Francisco  | City Vallejo  |  |
| State California ZIP Code + 4 94080   | State California ZIP Code + 4 94590-3890  |  |
| 5 Position in labor organization Business Representative  |   |  |
| Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)  A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of                              |   |  |
| A Held an interest in engaged in transactions (including loans) with or   | derived income or other economic benefit of   |  |
| monetary value from an employer whose employees your organizati   | derived income or other economic benefit of on represents or is actively seeking to represent.  7 a Nature of Interest Transaction or Income  |  |
| monetary value from an employer whose employees your organization  6 Name and address of Employer (including trade name if any)   | on represents or is actively seeking to represent.  |  |
| 6 Name and address of Employer (including trade name if any)  Name Sara Lee Bakery Group  | on represents or is actively seeking to represent.  7 a Nature of Interest Transaction or Income  |  |
| Monetary value from an employer whose employees your organization of Name and address of Employer (including trade name if any)  Name Sara Lee Bakery Group  Trade Name if any  | on represents or is actively seeking to represent.  7 a Nature of Interest Transaction or Income  |  |
| 6 Name and address of Employer (including trade name if any)  Name Sara Lee Bakery Group  | 7 a Nature of Interest Transaction or Income  See continuation page   |  |
| Monetary value from an employer whose employees your organization of Name and address of Employer (including trade name if any)  Name Sara Lee Bakery Group  Trade Name if any  | 7 a Nature of Interest Transaction or Income  See continuation page   |  |
| Monetary value from an employer whose employees your organization of Name and address of Employer (including trade name if any)  Name Sara Lee Bakery Group  Trade Name if any  P O Box Bldg Room No if any   | 7 a Nature of Interest Transaction or Income  See continuation page   |  |
| Monetary value from an employer whose employees your organization of Name and address of Employer (including trade name if any)  Name Sara Lee Bakery Group  Trade Name if any  PO Box Bidg Room No if any  Street 8400 Maryland Avenue   | 7 a Nature of Interest Transaction or Income  See continuation page  7 b Amount   |  |
| Mame and address of Employer (including trade name if any)  Name Sara Lee Bakery Group  Trade Name if any  PO Box Bldg Room No if any  Street 8400 Maryland Avenue  City St Louis  State Missouri  ZIP Code +4 63105-3668   | 7 a Nature of Interest Transaction or Income  See continuation page  7 b Amount   |  |
| Mame and address of Employer (including trade name if any)  Name Sara Lee Bakery Group  Trade Name if any  PO Box Bldg Room No if any  Street 8400 Maryland Avenue  City St Louis  State Missouri  ZIP Code +4 63105-3668   | 7 a Nature of Interest Transaction or Income  See continuation page  7 b Amount  \$65  Seguing to represent to |  |
| Mame and address of Employer (including trade name if any)  Name Sara Lee Bakery Group  Trade Name if any  PO Box Bldg Room No if any  Street 8400 Maryland Avenue  City St Louis  State Missouri  ZIP Code +4 63105-3668  Signature and verification The undersigned declares under penalty of submitted in this report (including the information contained in any accompany) | 7 a Nature of Interest Transaction or Income  See continuation page  7 b Amount  \$65  Seguing to represent to |  |

| Name of Person Filing John Bottalı   | File Number U  |      |  |  |
|--|--|------|--|--|
| B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested |  |      |  |  |
| 8 Name and address of Business (including trade name if any)  Name Zenith Administrators  Trade Name if any  PO Box Bidg Room No if any  Street 221 Main Street 2nd Floor  City San Francisco  State California ZiP Code + 4 94105   | 9 Business deals with  a Labor Organization  b Trust  c Employer       |      |  |  |
| Name Nor Cal Bakery Drivers Security Fund  Trade Name if any  P O Box Bldg Room No if any P O Box 421670   | Professional administrative service                                    | es   |  |  |
| Street   | 11 b Approximate dollar value of such dealing                          |      |  |  |
| City San Francisco  State California ZiP Code + 4 94142-1670   | 12 a Nature of interest held or income received  See continuation page |      |  |  |
|  | 12 b Amount  | \$69 |  |  |
| C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value   |  |      |  |  |
| 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)  | 14 a Nature of payment   |      |  |  |
| Name  Trade Name if any  P O Box Bldg Room No if any  Street  City  State  ZIP Code + 4  |  | *    |  |  |
| 13 b Is the Business an Employer or Consultant?  | 14 b Amount of payment   |      |  |  |

| Name of Person Filing John |  |
|----------------------------|--|
|                            |  |
|                            |  |

File Number U-

## **Part A Continuation Page**

|  | ions (including loans) with or derived income or other economic benefit or [  |
|--|---|
| monetary value from an employer whose em | ployees your organization represents or is actively seeking to represent  |
| 6 Name of Employer                       | 7 a Nature of Interest Transaction or Income (cont from Pg 1)   |
| From Pg 1                                | · · · · · · · · · · · · · · · · · · ·   |
| Sara Lee Bakery Group                    | In performance of his duties as a business representative the person identified in item 3 from time to time transacts business over breakfast lunch or dinner with representatives of the employers from the bargaining units assigned to him by the labor organization listed in item 4. The amount entered in item 7 b is the estimated value of the expenditures made by the employer identified in item 6 on his behalf for such food and beverages on or aboutApril 21, 2004 This estimate is based on a review of a business calendar for appointments and meetings in 2004 |
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## **Part B Continuation Page**

| B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization or with a trust in which your labor organization is interested |  |  |
|---|--|--|
| 8 Name of Business  | 12 a Nature of interest held or income received (con t from Pg 2)  |  |
| From Pg 2   | The managed and find a top Quality or Top to the Build T.  |  |
|   | The person identified in item 3 is a Union Trustee on the Board of Trustees of the entity identified in item 10 which is a jointly administered Health and Welfare trust fund under the Labor-Management Relations Act of 1947 as  |  |
| Zenith Administrators   | amended (the Trust Fund ) In performance of his duties as a trustee on the Trust Fund he has met with representative(s) of the entity identified in item 8 for the purpose of discussing trust fund-related matters. During the course of such meeting(s) said representative(s) paid for food and beverages and incidental expenses. The amount entered in item 12 b is the estimated value of such food and beverage and related expenditures on or about 2/5, 4/7, 4/19, 8/3 and 10/21/2004. This estimate is based on a review of a business calendar for appointments and meetings in 2004. |  |